DOCUMENT RESUME

ED 098 040 SE 017 322

TITLE	Situation Report--Algeria, Bangladesh, Fiji, Gilbert and Ellice Islands, Iran, Jordan, New Zealand, Rwanda, and Sierra Leone.
INSTITUTION	International Planned Parenthood Federation, London (England).
PUB DATE	74
NOTE	48p.; Best copy available
EDRS PRICE	MF-$0.75 HC-$1.85 PLUS POSTAGE
DESCRIPTORS	Contraception; Demography; *Family Planning; *Foreign Countries; *Population Trends; Programs; Resource Materials; Social Welfare; *Statistical Data

ABSTRACT

Data relating to population and family planning in nine foreign countries are presented in these situation reports. Countries included are Algeria, Bangledesh, Fiji, Gilbert and Ellice Islands, Iran, Jordan, New Zealand, Rwanda, and Sierra Leone. Information is provided under two topics, general background and family planning situation, where appropriate and if it is available. General background covers ethnic groups, language, religion, economy, communication/education, medical/social welfare, and statistics on population, birth, and death rates. Family planning situation considers family planning associations and personnel; government attitudes; legislation; family planning services; education/information; training opportunities for individuals, families, and medical personnel; research and evaluation; program plans; government programs; and related supporting organizations. Bibliographic sources are given. (DT)

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Situation Report

Distribution *

Country ALGERIA

Date FEBRUARY 1974

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01 839-2911/6

ED 098040

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			2,381,741 sq.kms.[1]
Total Population	8,750,000	10,800,000	14,769,000 (1971)[1]
Population Growth Rate			35% (1963-70)[1]
Birth Rate			49.1 per 1,000 (1965-70)[1]
Death Rate			16.9 per 1,000 (1965-70)[1]
Infant Mortality Rate			-
Women in Fertile Age Group (15-44 yrs)			2,298,000 (1966)[2]
Population Under 15 yrs			46.5% (1970)[3]
Urban Population			39.0% (1966)[1]
GNP Per Capita			US$300 (1970)[4]
GNP Per Capita Growth Rate			1.7% (1960-70)[4]
Population Per Doctor			8,192 (1969)[5]
Population Per Hospital Bed			356 (1969)[5]

1 UN Demographic Yearbook 1971.

2 Census 1966.

3 UNESOB Estimate.

4 World Bank Atlas 1972.

5 UN Statistical Yearbook 1972.

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GENERAL BACKGROUND

Algeria became an independent Republic in 1962, following a prolonged war of independence, which led to serious disruption in the structure of the economy, and to large-scale displacement of population including the emigration of nearly one million French settlers.

Algeria extends deep into the African Sahara, but is a typical North Africa country. The southern part of the country is virtually uninhabitable desert and semi desert with a population density of less than per square kilometre, contrasted to between about 50-130 in the limited areas where agriculture is possible, chiefly on the coastal plains and the northern slopes of the mountains.

Algeria is fortunate in having a rather abundant supply of natural resources, which has been partly responsible for the relatively high per capita income, and has provided the base for the industrialisation process.

Ethnic Groups

The majority of the population are of Arab descent, the original Berber population being concentrated in the Eastern parts of the country.

Language

Arabic is nearly universally spoken, though 18 per cent of the population gave Berber as their main language in the 1966 census.

Religion

Algeria is a nearly 100 per cent Muslim country.

Economy

Agriculture is the main sector of the Algerian economy, especially in respect of employment, absorbing some 60 per cent of the active population. A rather wide range of agricultural products can be grown. Apart from cereals the country is almost self-sufficient in oils, fruits and meats. There is a substantial export of agricultural products, especially wine, citrus fruits and olives.

The most important part of the modern sector is mining. Iron, phosphates and Zinc have long been exploited in Algeria, and have been the most important earners of foreign exchange. However, the discovery of increasing petroleum reserves in the Saharan districts has now relegated the traditional resources to second place.

Industrialisation is taking place at a fast rate. There is much light industry and major large-scale enterprises are based on the processing of minerals, especially phosphates and petroleum products.

Communications/Education

Transport is well developed in Algeria and road connections even to countries south of the Sahara are now adequate. In 1970 there were 4 newspapers with a circulation of 20 per 1000 inhabitants. The same year there were 52 radio receivers and 7 TV sets per 1000 population; and 11 cinemas per 1000 population in 1967.

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The educational system and especially secondary education relied heavily on French teachers and was strongly disrupted at the time of independence. School enrollment at primary level is in the range of 70 percent at the primary, and 10 per cent at the secondary level. The official policy, as enounced in the Constitution, is to phase out the French language in favour of Arabic and teachers from other Arab countries are hired for work in Algeria.

There are three Universities in Algeria: Algiers, Oran and Constantine. All have medical schools.

Medical/Social Welfare

The Algerian Government has laid great emphasis on improving the public health services and has recruited large numbers of doctors from abroad. MCH services are being expanded with UN support, but the lack of skilled personnel is an obstacle to expansion.

FAMILY PLANNING SITUATION

There is no official policy on planned parenthood. Family planning advice and supplies is available from the clinics of the three universities, as well as from health centres of some private bodies. Contraceptives are available on the market. There is no family planning association.

The Government has declared itself opposed to adopting a population policy aimed at decreasing the birth rate. A speech by President Boumedienne in 1969 summed up the attitude of the government thus: "Our objective, in the relatively near future consists in assuring our people whose number will reach 25 million souls during the next 20 years, a level of living amongst the highest of the modern peoples of the world of tomorrow. I take the opportunity to say with regard to what is called the 'population explosion' that we do not support false soulutions such as birth control. We consider that this would suppress problems rather than to find for them adequate solutions. We are on the contrary in favour of positive and effective solutions, to wit, the creation of jobs for adults, of schools for children and improved social conditions for all."

There is, however, cautious interest in family planning as a part of overall maternal and child health care, and as a means of securing women a more equal place in society.

Legislation

No adverse legislation exists, and the old provisions against family planning in the French Penal Code have been abolished. Abortion is only legal when there is serious risk to the health or life of the expectant mother.

History

The first family planning clinic was opened in Algiers in 1967 in co-operation with the University, and later clinics followed in Oran and Constantine. At about the same time the first implications of the 1966 Census became know, and a family planning KAP survey was undertaken under sponsorship of the Algerian Association for Economic, Social and Demographic Research (AARDES). The survey indicated widespread interest in and lack of specific knowledge of family planning.

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However, the Government has not yet included family planning in the public health services, although WHO assistance in an assessment of needs and procedures has been requested.

Services

The original three clinics continue to function, apparently with some success. The most widely utilised methods are the IUD and oral contraceptives.

Contraceptive services have also been available, in recent years, in health projects sponsored by the Save the Children Fund and other voluntary organizations.

Training

Medical and paramedical personnel from the clinics in Algiers, Oran and Constantine have been trained under the IPPF. Europe and Near East Regional Training Scheme, and other personnel have been acquainted with family planning directly through the three clinics.

Algerian delegates participated in the IPPF Regional Seminar "Social Aspects of Family Planning", which took place in Cyprus in May 1973.

IPPF Assistance

IPPF assistance has been limited to small scale supplies of contraceptives to the Save the Children Fund, and the sponsorship of trainees.

Other Assistance

At various times the Swedish International Development Agency, the Pathfinder Fund, The Quaker Service and others have aided the family planning clinics with equipment, literature and supplies.

Sources

EUROPA The Middle East, 1972-73

Clarke and Fischer, Populations of the Middle East and North Africa, 1972.

Newton Booth Knox, Report on Population Programmes in Morocco, Tunis and Algeria, UN Population Programme Office, July 1971.

Situation Report

Distribution *

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Country BANGLADESH Date JANUARY 1974

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 C1. 839-2911/6

STATISTICS	1960	LATEST AVAILABLE FIGURES
Area		55,125 sq. miles
Total Population	52.8 million (1961)[1]	74.0 million (1971)[2]
Population Growth Rate		3.0%[2]
Birth Rate		47 per 1,000 (1973)[2]
Death Rate		17 per 1,000 (1973)[2]
Infant Mortality Rate		125 (1968)[3]
Women in Fertile Age Group (15-49)		14 million[2]
Population Under 15		45% (1970)[3]
Urban Population		5% (1961)[3]
GNP Per Capita		US$105 (1970)[3]
GNP Per Capita Growth Rate		n.a.
Population Per Doctor		11,000[4]
Population Per Hospital Bed		n.a.

1 Census - January 31st, 1961.

2 Local estimate, "Population Planning Programme", paper by the Planning Commission, Bangladesh.

3 Estimate, Population Programme Assistance, United States Agency for International Development.

4 Report on Bangladesh by Dr. Buhruddin.

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* This report is not an official publication but has been prepared for informational and consultative purposes.

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GENERAL BACKGROUND

Bangladesh became an independent state in December 1971, and with its population of 75 million ranks eighth in the world. 22% of the population is literate and expectation of life at birth in 1971 was 46. Maternal and infant mortality are high and account for nearly 45% of all deaths.

FAMILY PLANNING SITUATION

The voluntary family planning movement in Bangladesh dates from 1953 when the Family Planning Association was founded. A token provision for family planning was made for the first time in the 1957-58 budget and in 1965 a national programme was launched to be implemented during the Third Plan period, 1965-70. Thus, at the time of independence Bangladesh had a governmental family planning programme and a private family planning association. Although the national programme came to a halt during the independence struggle, the Government, recognising the need for family planning within the frames of new plans for development, put forward a Population Planning Programme in 1973.

FAMILY PLANNING ASSOCIATION

Address

Bangladesh Family Welfare Association,
2, Naya Paltan,
Dacca - 2,
BANGLADESH

Officials

Honorary President:	Dr. A Quasem
Honorary Treasurer:	Dr. Qazi Shamsul Har
Executive Director:	Mr. F A Chaudhuri
Director of Projects:	Mr. Mozammed Haque

History

From its beginning in 1953 the Family Planning Association provided clinical services to all 17 districts until 1965, when family planning was introduced as a national programme. It also provided education on family planning and responsible parenthood to individual families and groups. After introducing the Government family planning programme the Association was allowed to continue its two model clinics in Dacca and one mobile clinic. The Association was also assigned to undertake motivation programmes in those districts which were not included in the national programme.

At the time of independence, boards of all welfare associations including the Family Planning Association were dissolved by the Government. An ad-hoc executive committee was appointed to frame a new constitution with the object of establishing a national family planning association. The Association is now known as the Bangladesh Family Welfare Association. The Association's sphere of activities were broadened after independence and its functions are primarily directed toward family planning education and motivation and the maintenance of urban model clinics.

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Medical and Clinical Services

Contraceptive services are provided through the Naya Paltan clinic at the headquarters, the model clinic in Gandaria and the mobile van clinic. In 1972, these clinics served a total of 14,589 acceptors. 5,303 of these were new acceptors and two-thirds of them chose orals whereas only 52 chose the IUD.

Oral pills, condoms and spermicides are also supplies through motivation centres and industrial and rural projects. In 1972, the total number of acceptors served by the Association through its clinics and these projects was 29,980 of which 17,823 were new acceptors.

Information and Education

Several projects carried out by the Association integrate motivational work with provision of contraceptives. For example, the staff of the Information Centre in Narayangonj and five Mohalla Motivation Centres make home visits to motivate couples to adopt family planning but they also distribute oral pills, condoms and other non-clinical contraceptives to those who request them. Four Ferryghat Motivation Centres were started in 1969 in various areas worked in same lines but they ceased operation in October 1972.

Other information and education activities involve the use of all possible channels. During 1972, 265 group discussions were held to support the Association programmes and more than 50,000 persons participated. 6 exhibitions were organised on festival days. 16 articles and 26 advertisements were released through the press. 350 film shows, of which 300 were in public cinemas were held in 1972. Motivational literature in Bengali and an English/Bengali newsletter were issued during the year. In the first half of 1973, 40,000 copies of motivational booklets and pamphlets were printed and distributed. Seminars were organised and the popular Bengali magazine "Sukhi Paribar" has been rejuvenated and its circulation is increasing. Radio programmes have been continued.

In November 1972, the first national seminar in Bangladesh was jointly organised by the Association and the Family Planning Board. Four regional seminars in four districts of Bangladesh were among the 1973 plans of the Association.

Training

In 1972 courses were organised to train 6 district motivation officers, 4 project officers and 30 field motivators employed by the Association. 12 lady health visitors of the government family planning programme attended a clinical training course arranged by the Association at its Naya Paltan clinic.

Rural Family Planning Projects

In October 1971 two projects were started in Gazaria and in Baiddyer Bazar. The home-visitors and field motivators carry on a three-phase programme: a) registration of eligible couples, b) motivation, and c) distribution of contraceptives. A Lady Medical Officer visits Baiddyer Bazar twice a month for IUD insertions and follow-up. In 1972, 552 cycles of pills and 624 condoms were distributed. A total of 14,284 couples are registered in the project and 4,787 couples were contacted during the year.

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Industrial Units

In 1972, family planning projects were carried out at Chittaranjan Cotton Mills Unit and Khadem Tea Estate. Motivators of both sexes contact workers at work and at home and provide supplies. Over 5,500 home visits were made in 1972. The number of these projects is now seven. Attempts are being made to integrate family planning with other agricultural projects.

Hospital Patients Motivation Project

Since May 1971 a hospital patients motivation centre has been operating at the Rajarbagh Police Hospital. In 1972 642 patients were supplied with contraceptives.

Other field projects involve cooperation with the Bangladesh Women's Association, the Diabetic Association, The Day Nursery Association, the TB Association and the Red Cross Society. A social worker and a home visitor provide family planning services at each of these organisations.

GOVERNMENT

Family planning programme is administered through the Bangladesh Family Planning Council, an autonomous organisation under the Ministry of Health and Family Planning. The Council works through four directorates. These are the Directorates of Action Programme, Inspection, Postpartum and of Training, Research, Evaluation and Communication.

Officials

Minister of Health and Family Planning:	Mr. Abdul Mannan
Minister of State for Family Planning:	Mrs. Noorjehan Murshid
Deputy Chief (Population) Planning Commission:	Dr. A B M Shafiullah

History

Although the full-scale national programme was launched in 1965, responsibilities for the family planning programme were taken up in 1960 by the Government then ruling. During the period 1960-65 family planning services were incorporated in the health clinics with a hope that they should serve as effective diffusion centres for the programme. The major impact of the programme was that awareness was created in about 85% of the target population and an extensive organisational structure had been set up. As such an environment conducive to fertility control programmes was created. However, only 5-8% of the target population became adopters. The large gap between awareness and acceptance was attributed by the present Planning Commission to the weaknesses of the programme such as:

1. Unrealistic targets in the absence of adequate supervision led to fictitions reporting and abuse of incentives which were given in cash.
2. Programme strategy was limited mainly to clinical methods without a mechanism of follow-up.
3. Lack of well-defined population policy.
4. Drawbacks in the organisational structure such as untrained field motivators, conflict between supervising staff due to lack of defined responsibility and authority.

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Services

Health Centres are opened at thana level and family planning services are offered in the preventive unit. The preventive unit has under its wing the social welfare workers - who are responsible for the registration of eligible couples, motivation etc. 6 maternity beds are made available for the preventive unit. All conventional contraceptives, IUD and vasectomy services are provided. However, facilities for tubectomies are not generally available. 1 centre in Dacca has started tubectomy.

Information and Education

A cadre of part-time workers called field organisers have been formed for individual door-to-door contact programme. There are 20,000 such organisers and each works amongst approximately 1,500 married men and women of reproductive ages.

A pilot project has also been started. This involves a couple registration system in 2 districts. 2 fieldworkers - a male and a female are deployed in each of the units and will visit each of their registered couples once in three months, to continue and strengthen motivation towards the acceptance of family planning.

Training

The Directorate of Training, Research, Evaluation and Communication (TREC) plans for training at all levels, prepares training materials and establishes evaluation and research criteria.

Plans

The Planning Commission recently put out a preliminary future plan for a Population Planning Programme. This will include provision of all services including abortion as a family planning measure. Also punitive measures against additional children after the second child on all couples such as restriction of ration cards, disassociation from fair price shops etc. will be imposed. Again coordination between all government departments and an extensive information and education campaign are planned involving other Ministries as those of Rural Development, Education, Agriculture, Information and Broadcasting and Labour and Social Welfare.

A scheme of incentives, awards and changing of social and legislative measures are also involved. These include introduction of the concept of small family and courses on population problem in schools, colleges and universities, raising the legal age of marriage and legalisation of abortion. A research programme consisting of a Population Study Centre and a field experiment approach is planned.

The National Population Council - the Policy making body for the Population Planning Programme will consist of all relevant ministries. A coordination committee will be formed at every level - headquarters, district and thana, consisting of officials of relevant ministries.

Foreign Assistance

IPPF - was the first organisation to pledge its support to the Bangladesh programme of relief and rehabilitation aimed at the emancipation of women. IPPF now provides annual grant for the Association.

USAID - Since 1972, a full-time population officer is assigned to Dacca to assist Bangladesh in developing new projects.

Pathfinder Fund - has provided funds for a seminar on family planning to afford Bangladesh the opportunity to learn the assistance available from various donors. In addition in 1972, Pathfinder agreed to support a postpartum programme and to supply contraceptives.

Ford Foundation and SIDA also provided assistance.

References

1. Annual Report Bangladesh Family Welfare Association 1972.

2. Population Planning Programme - a paper prepared by the Planning Commission.

3. Report on Bangladesh by Dr. Buhruddin

4. The Contribution of Non-Governmental Organizations to Population Planning in Bangladesh by Mrs. Mahenur Rahman and Mozammel Haque, 1972.

Situation Report

Distribution *

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Country FIJI

Date NOVEMBER 1973

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01.839-2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			18,272 sq.kms.[1]
Total Population	289,000	394,000	535,357 (1971)[2]
Population Growth Rate	3.4% p.a.	3.4% p.a.	2.3% (1972)[2]
Birth Rate	39.9	39.9	27.8 per 1,000 (1972)[2]
Death Rate	11.2	6.6	4.9 per 1,000 (1972)[2]
Infant Mortality Rate	56.6	31.1	18.5 per 1,000 (1970)[1]
Women in Fertile Age Group (15-44 yrs)		82,971	119,859 (1971)[2]
Population Under 15			45% (1971)[3]
GNP Per Capita			US$430 (1971)[4]
GNP Per Capita Growth Rate			2.5% (1960-70 average)[4]
Population Per Doctor		2,500	2,580 (1971)[2]
Population Per Hospital Bed		181	346 (1971)[2]

1 UN Demographic Yearbook 1971.

2 Local Government Estimate.

3 World Population Data Sheet 1972.

4 World Bank Atlas 1972.

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GENERAL BACKGROUND

Fiji, which gained independence in October 1970, comprises 844 islands and islets, of which only 100 are permanently inhabited, but many more are used by Fijians for planting food crops or as temporary residences during the turtle fishing season. Suva, the capital and chief port, has a population of 134,426. Population density in 1969 for the whole area was 28 people per square kilometre. The average household comprises 6.3 members.

Ethnic

In 1971, it is estimated that there were 231,042 Fijians, 272,040 Indians, 4,600 Europeans, 9,497 part-Europeans, 6,643 Rotumans, 6,679 other Pacific Islanders, 4,725 Chinese and 131 Others.

Language

English, Fijian and Hindustani are the main languages. English is the official language and the medium of instruction in all secondary schools.

Religion

The main religions are, Christian Methodism practised by most Fijians, Hinduism practised by the Indians, plus Roman Catholic and Muslim minorities.

Economy

Agriculture is the main basis of the economy, and in 1969, raw sugar and cocorut products made up about 77% of total exports. Rice, bananas, dairy produce and vegetables are important products. Gold mining is a major export industry and secondary manufacturing industries are developing steadily. Forestry has a big potential in export. Tourism is growing rapidly. The Five-year Development Plan 1966-70, provided for capital expenditure of US$50.2 million, spread over almost every aspect of the territory's activities.

Communications/Education

Fiji Broadcasting Commission broadcasts in three major languages. In 1969, 45,000 radio receivers were being used, i.e. 87 per 1,000 population. In 1970, there was one daily newspaper with a circulation of 16,000, i.e. 30 per 1,000 population. In 1968 there were 600 primary schools, admitting 86% of children of school age. It is hoped to increase school places to accomodate 90% of children in the near future. There are 51 secondary schools, and free or partly-free places are awarded to deserving pupils in all of them. There are three primary teachers' training colleges, 14 technical and vocational colleges and one medical school.

Medical

Life expectation is high for both men and women - about 70 years. Health services are provided almost entirely by the Medical Department and a few private practitioners have concentrated mainly in the larger centres of population. The facilities available for the provision of services are 45 health centres, 14 subdivisional hospitals, three area hospitals and four divisional hospitals. In addition, there are three special hospitals for the treatment respectively of TB, leprosy and mental illness, and a further hospital maintained by the Methodist Mission.

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FAMILY PLANNING SITUATION

The Government of Fiji has a well established family planning programme, in which the Family Planning Association plays a major role, particularly in the field of public motivation and education.

Fiji provides an excellent example to other countries with population problems. Having once been described as facing the most dangerous situation in the Pacific region (42 birth rate in 1959) it has successfully reduced this to 23 in 1972; this was achieved through the highly successful national family planning structure and organisation jointly established by the Medical Department and the Association since 1963. All mass media are used extensively to persuade the people to plan their families and to obtain family planning advice and supplies, at their health stations, all as part of maternal and child welfare in the public health service.

It is interesting to note that in the past the Indian birth rate declined faster than the Fijian birth rate. However, family planning has gained acceptability amongst the Fijian population as well. Between 1965 and 1971, the Indian birth rate was reduced from 37.3 per 1,000 to 31.0 per 1,000; while the Fijian birth rate in the same year was reduced from 36.2 per 1,000 to 29.6 per 1,000. In 1973 the Fijian and Indian birth rates were almost identical at 27.8 and 27.6 per 1,000 respectively.

Attitudes

The Government officials' attitude is all in favour of family planning as seen from their speeches from time to time. The Governor-General speaking at Fiji's first parliament in November 1970, said "....in recent years, due in part to a well planned and well received family planning programme, the rate of population growth has slowed down, this does not solve the problem for the immediate future. The people entering the labour force during the next five years were already born ten years ago or more. It is therefore vital that every effort be made to meet the situation." A Senate Standing Committee was set up in 1973 "to study population trends and their possible effects on the future of Fiji." The Committee will be of great importance for the future of family planning in Fiji - where any steps to widen retail network for distribution of oral contraceptives would require legislative changes.

Legislation

Until 1969, the Pharmacy and Poisons Ordinance forbade advertising and sale of contraceptives by shopkeepers. The Family Planning Association accomplished amendment enabling the Association to advertise contraceptives. The Association has received formal authority to use its emblem on windows of shopkeepers who offer condoms, sponges or other lawful contraceptives for sale.

FAMILY PLANNING ASSOCIATION

The Association was founded in 1963, and became an IPPF member in 1967.
Fiji FPA provides technical assistance to the Kingdom of Tonga, the Samoas, the Cook Islands, Gilbert and Ellice Islands and other neighbouring island territories.

Address

Family Planning Association of Fiji,
P.O.Box 149,
Suva,
FIJI.

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Personnel

Patron:	Lady Foster
Vice-Patrons:	Lady Maddocks, Lady Jakeway, Lady Garvey, Dr. Elizabeth Stewart
President:	Hon. Senator R.L. Munro, C.B.E., LL.B., M.P.
Vice-Presidents	Hon. W.M. Barrett, M.L.C. Hon. Mr. Justice Tikaram, LL.B. Hon. Ratu Sir Edward Cokabau, K.B.E., M.C., E.D., M.P.
Treasurer:	Mrs. D. Stevens
General Secretary:	Mrs. J. Petersen

Services

All clinical services are provided by the Government. In 1970, the Association introduced a new factor which may result in an accelerated lowering of the birth rate. With the assistance of IPPF and through the Swedish International Development Authority, the Association supplied condoms to general storekeepers throughout Fiji and they were for the first time enabled to sell condoms at subsidised prices to the general public. Deliveries were at the rate of 18,000 per month. Retail selling prices, which were the same as at government clinics were 1¢ each against chemists prices of 3 for 25¢ or more. A mail order provision of condoms was maintained and 188,000 condoms were sold wholesale in 1972.

Information/Education

Information and Education activities are the responsibility of the Association which has achieved a great success in this field. The Association holds group meetings in public places, schools, libraries, etc. It also reaches the public through the press (advertisements three times a week in English, Fijian and Hindustani press); film shows (all cinemas show Association slides) and radio (radio spots every day in Fijian and Hindustani sessions.) Efforts were made in 1971, through more intensive and better planned press and radio advertising.

The Association possesses 17 films - and plans to produce motivational films. The Association also produces three different leaflets, each in English, Fijian and Hindi and a bi-monthly newsletter - World Population and Planned Parenthood News, which is very popular. A set of five new posters in English and vernacular were prepared and widely distributed.

GOVERNMENT

The target of the government programme is to reduce the birth rate to 25 per 1,000 and the population growth rate to 2 per cent by 1975.

Personnel

Secretary for Health:	Dr. Dharam Singh
Family Planning Officer:	Dr. Macin Salato

Services

The Government provides all family planning services through all its hospital establishments and health stations. In 1970, there was an increase of nearly 40% in clinic attendances over 1969. The increase in 1971 was 0.8% and in 1972 over 2%.

All methods for family planning are used. The Medical Department and the FPA advocate mainly the IUD, orals and condoms. Sterilisation - both vasectomy and tubal ligation - is available only to those couples who satisfy certain criteria such as - those who have already the desired number of children and do not intend to have any further children.

Year	Total Attendances
1967	28,359
1968	49,803
1969	55,661
1970	76,843
1971	77,372
1972	79,549

No. of women protected by various methods

Year	Total	Orals	IUD	Condoms	Tubal Ligation
1968	18,053	5,060	10,051	1,032	1,910
1969	24,100	10,000	9,600	2,000	2,500
1970	26,350	8,260	9,861	2,519	5,710
1971	27,582	9,256	7,715	3,839	6,772

Training

Fiji records the highest number of paid doctors, nurses and midwives since all medical staff are to some extent involved in family planning service. The Government Medical Department trains all personnel (medical and paramedical) in family planning techniques. Fieldworkers are being used for general education and motivation work.

Other Organisations

International Planned Parenthood Federation - provides assistance to the Association and since 1970 is also supplying condoms. (see under services)

USAID provides contraceptives

United Kingdom Overseas Development Administration supports the family planning programme.

Population Council - Fiji participates in the Population Council's IUD programme and receives IUDs from this source.

OXFAM - In 1966 Oxfam provided financial assistance for clinics in Suva.

The Fiji Hibiscus Festival Association Charity Chest gave a further $500 to the Association to buy a vehicle.

SOURCES

Annual Report 1972 - Family Planning Association of Fiji.

Family Planning Manual 1972 - Family Planning Association of Fiji.

World Population and Planned Parenthood published by Family Planning Association of Fiji.

Situation Report

Distribution*

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Country GILBERT AND ELLICE ISLANDS Date JANUARY 1974

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01.839-2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			886 sq.kms.[1]
Total Population	38,000	46,000	57,000 (1971)[1]
Population Growth Rate			2.0% (1963-71 average)[1]
Birth Rate	34.1	36.6	23.8 per 1,000 (1965)[1]
Death Rate	15.8	10.4	7.4 per 1,000 (1965)[1]
Infant Mortality Rate	221	130(1964)	124.3 per 1,000 (1965)[1]
Women in Fertile Age Group (15-44)			10,614 (1968)[1]
Population Under 15			45%[2]
Urban Population			n.a.
GNP Per Capita			US$390 (1970)[3]
GNP Per Capita Growth Rate			-1.5% (1960-70 average)[3]
Population Per Doctor			1,867 (1970)[4]
Population Per Hospital Bed			108 (1970)[4]

1 UN Demographic Yearbook 1971.

2 1972 World Population Data Sheet, Population Reference Bureau.

3 World Bank Atlas 1972.

4 UN Statistical Yearbook 1971.

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* This report is not an official publication but has been prepared for informational and consultative purposes.

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GENERAL BACKGROUND

A British Colony in the South Pacific, Gilbert and Ellice Islands comprises of 37 islands. The capital is Tarawa with a population of 10,610. Average size of each household is 5.5. The density is 64 per square kilometre. One fourth of the population live in South Tarawa island, and the remainder on the 38 outer islands.

Ethnic Groups

Most of the inhabitants in the Gilbert Islands are of Micronesian stock and in the Ellice Islands of Polynesian stock. There are also a few hundred Europeans and Chinese.

Language

The main languages spoken are Gilbertese, Ellice and English. Official language is English.

Religion

All Christian sects are represented.

Economy

The rapid growth of population hampers economic development. The people of Gilbert and Ellice Islands maintain a reasonable standard of living only by intensive exploitation of the sea. Main exports are copra and phosphate.

Communications/Education

There is a government run radio station and over 16,000 radio receivers were in use in 1970, i.e. 286 per 1,000 inhabitants. Also there were 2 cinemas with a seating capacity of 1,600. Schools are run by the Government and the Churches. Primary education is free and there is almost universal education. In 1969, there were 207 primary schools, 3 secondary schools, 1 teacher training college and 2 theological colleges.

Medical

In 1970, medical services were provided through 30 physicians, 3 dentists, 1 pharmacist, and 86 nursing personnel.

FAMILY PLANNING SITUATION

A Family Planning Association was formed in 1969. The Government is developing family planning as part of Maternal and Child Health Services. Family Planning was included in the Three-year Development Plan in early 1970. The first priority was to cut the birth rate.

According to the survey carried out by the Family Planning Association the average age of marriage for girls is estimated to be about 16½ in the outer Gilbert Islands and 18 in the Ellice Islands.

Attitudes

The Association has completed the first part of a colony wide survey of the outer islands and its findings show that most outer island parents hope to have four children. 88.4% of outer islanders seem to think family planning is a "good thing" and 95% say that their island is over crowded. Only 12% of the respondents thought that there should be no sex-education in the schools, the majority were in favour of it.

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FAMILY PLANNING ASSOCIATION

Address

The Family Planning Association of Gilbert and Ellice Islands,
Bikenibeu,
Tarawa,
Gilbert Islands,
WESTERN PACIFIC.

Officials

President:	Dr. A Marr
Vice-President:	Mr. A G M Slatter
Secretary:	Mr. John Pitchford

History

The Association, which receives government backing in many ways, was formed in November 1969. Since then it has carried out intensive work in four phases. In the first phase, awareness was created amongst all inhabitants through intensive mass media campaigns - daily radio spots, documentary programmes, songs, weekly articles etc. The second phase of pre-testing and evaluation was concentrated in North Tabitenea. During this period, different prototype talks in one of the local languages, Maneaba, visual aids and written materials were tested. Experience of working with different groups including the Island Council School, was also gained. Further testing was subsequently carried out on Urban Tarawa too. As a result of phase two, phase three evolved in adaptation and training. Emphasis shifted from the English-speaking opinion leaders to the non-English speaking target group. Two family planning seminars were organised for training purposes and for feedback of knowledge and attitudes. These helped to define the role of family planning workers. Following phase three, strong educational drive was undertaken. As a result, 587 new patients were recruited in July-September 1970, i.e. 25% of the total number of contraceptive users since the inception of the campaign.

Close links are maintained with all governmental and non-governmental organisations concerned with social and economic development. The close cooperation with the non-conformist churches has helped to swing public opinion towards family planning.

Information and Education

The Association utilises mass-media and motivational material in its I&E campaign. Radio is most widely used with twice daily radio spots, several discussions, regular news items, a series of interviews, family planning sketches, family planning songs etc. In 1972, medical broadcasts were produced weekly. Effort was concentrated on vernacular programmes. A series of 13 half-hour family planning programmes focused on the results of the song competitions which were organised frequently. Nearly 100 songs involving more than 1000 singers were composed directed towards the practice of family planning.

The Association has printed leaflets, flip charts, posters, booklets, slogans, family planning calenders, hand-outs etc. for use in its information/motivation campaign.

Films and slides have been produced by the Association. Besides these, production of an instructional cine film about child-care with emphasis on family planning was also started in 1972.

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Educational efforts are directed at individual kinship groups through group talks and discussions. Talks were held at Church Assemblies, Womens Groups and Training institutions. Lectures were also delivered to all male employees on the islands. Efforts made to incorporate study of population in schools. Talks on health education were provided in schools in outer islands. The first draft of a source book on sex education was pretested in 1972.

The FPA also provided training in I%E techniques to Catholic sisters for disseminating information regarding rhythm method in the Catholic areas.

GOVERNMENT

History

From 1970, family planning has been given the highest priority in the Colony. Provision of family planning services is the responsibility of the Medical Department and it has reorganised itself considerably to cope with this. On government initiative a FPA was also formed to bring representatives of all sections of the population into the orbit of family planning education. Full support is provided by the Government and the Medical Department to the Association.

Government in 1972, set up a Committee to coordinate the population programme on a multi-disciplinary basis. The Committee is expected to examine the socio-economic factors affecting fertility in the Colony and may consider the adjustment of policies to provide incentives for smaller families in outer islands.

Services

Family planning services are provided by the Medical Department through its hospital establishments and touring nurses who visit all the islands at least twice a year.

The number of acceptors by year and method are as follows:

Year	Total	IUD	Orals	Depo-Provera	Rhythm	Other
1966	163	97	66			
1967	161	101	60			
1968	765	422	306			37
1969	1293	846	420			25
1970	2403	1551	686	136		30
1971	3622	1994	968	444	104	112
1972	4109	1933	1049	893	152	82

Of the acceptors in 1972, 47% accepted IUD, 25% Orals, 22% Depo-Provera, 4% Rhythm and 2% other methods.

In 1972 35.6% of the women between the child bearing ages of 15-44 years had accepted some contraceptives. The peak age of acceptance was between 20-24 years. Only 59 women changed their method during 1972. It was noticed that there was a high pregnancy rate among oral pill users.

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Most significant feature is the introduction and popularity of Depo-Provera. In 1971, ovulation method was introduced on a large scale under supervision of the Christian Family Life Centre and 300-400 Catholic women were practising it in 1972.

Research and Evaluation

The Government Family Planning and Health Education Unit was responsible for the evaluation of many aspects of the programme.

In 1972, the study regarding factors affecting fertility begun in 1970 was completed. A knowledge and attitude survey towards family planning and population was carried out at South Tabi Tenca in 1973 as a part of the Study.

Other Organisations

Christian Family Life Centre - has helped the Government efforts by disseminating information regarding the ovulation method in Catholic Areas.

UK Overseas Development Authority - provides development aid grant including health.

WHO - provided assistance for improving MCH services.

SOURCES

Eurona Yearbook 1972.

Family Planning Association of the Gilbert and Ellice Islands Newsletter No. 8 and 11.

Family Planning in the Gilbert and Ellice Islands by John Pitchford in South Pacific Bulletin, 3rd Quarter 1972.

Report of the Health Education Section for the Year ended 31st December 1972.

Situation Report

Distribution *

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Country IRAN

Date JANUARY 1974

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01 839 2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			1,648,000 sq. kms.[1]
Total Population	16,275,000	21,500,000	29,783,000 (1971 est.)[1]
Population Growth Rate			3.0% (1963-71)[1]
Birth Rate	48	45	42.4 per 1,000 (1971 est.)
Death Rate	8.2	24.5	16.6 per 1,000 (1971 est.)
Infant Mortality Rate			139 per 1,000 (1966)[2]
Women in Fertile Age (15-44)			4,848,590 (1966)[2]
Population Under 15			46% (1966)[2]
Urban Population			40.8% (1970)[3]
GNP Per Capita			US$380 (1970)[4]
GNP Per Capita Growth Rate			5.4% (1960-70)[4]
Population Per Doctor			3,145 (1971)[5]
Population Per Hospital Bed			761 (1971)[5]

1 UN Demographic Yearbook 1971.

2 Population Census 1966.

3 UN Monthly Bulletin of Statistics, November 1971.

4 World Bank Atlas, 1972.

5 UN Statistical Yearbook 1972.

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GENERAL BACKGROUND

Iran is a vast country with a low average population density (18 per sq.km 1971), but many parts of the country are virtually uninhabitable due to high mountains, deserts or salt swamps. Most of these areas are concentrated in the central parts of Iran, with the result that the highest population densities are around the circumference of the country, and the centre very sparsely populated. One attempt at deriving the 'biological density of population' arrives at 120 per sq.km. The implications of such a situation for the communications within the country are obvious, especially when considering that even in the relatively densely populated area, much of the population live in inaccessible villages with no or poor road of access.

Language

The official language is Persian (Farsi) but in some areas dialects of Turkish, Arabic and Kurdish are spoken.

Ethnic Groups

Iran has numerous ethnic groups of widely differing origin.

Religion

The official religion is Islam. The majority of Iranians are Muslims - mainly Shi'ite.

Economy

The development of very large sources of petroleum has led to a dependable and steadily increasing flow of funds for development purposes and has, to a large extent, freed Iran from the foreign currency restraints which have so often proved the breaking point of development plans.

The extremely high standard of some types of Iranian handicrafts, especially carpet making and copper-ware, has enabled the handicraft sector to survive and flourish in a manner which is rather unusual. Side by side with the continuing traditional industries, modern industry is expanding rapidly and the total industrial production is said to have doubled from 1960 to 1966 and the pace of industrialisation is increasing rapidly. The overall rate of economic growth in the period 1960-67 was 4.8%.

Owing to a wide range of climatic conditions, practically all types of agricultural products are grown in Iran, including all the most important cereals and fruits. Often productivity is low, especially under the old system of land tenure where the incentive for soil improvement and irrigation schemes is very low. The 'White Revolution' land reforms were designed specially to give more incentive to the individual farmer but progress is slow. One of the most serious problems for Iranian agriculture is chronic water shortage and this was one of the important reasons for the adoption of the official population policy.

Iran is a member of the Regional Cooperation for Development treaty together with Turkey and Pakistan.

Education/Communications

Primary education is free and compulsory for both sexes, but this has not been fully implemented in rural areas. In 1967 the adjusted school enrolment ratio was 58% in primary and 19% in secondary education. Many isolated villages and poor communications greatly hamper the expansion of education in some rural areas. Literacy rate is 57% in urban areas and 21% in rural areas, i.e. 35% of total population over 10. The adult literacy campaign aims at reducing illiteracy to 43% by 1972. Vital to this campaign has been the conscription of young secondary school and college graduates as teachers in place of normal military service.

Higher education is well developed and there are 7 universities, all with medical schools. In addition there is an industrial university.

Ratio:	93 receivers per 1,000 inhabitants (1970)
Television:	9 sets per 1,000 inhabitants (1970)
Cinemas:	8.6 seats per 1,000 inhabitants (1970)

There are an estimated 29 major newspapers with circulation figures of about 12 per 1000 inhabitants (1971). Communications are difficult because of the extensive mountain ranges. CENTO highway will link Turkey, Iran and Pakistan.

Medical/Social Welfare

Public health services are hampered by poor communications. Mobile unit approach has been accepted to solve some of the problems. National service draftees with medical experience have been formed into a Health Corps bringing medical assistance to rural areas.

Social welfare schemes have been gradually incorporated during the last two Five-Year Development plans.

Women in Iran obtained the vote in 1963.

FAMILY PLANNING SITUATION

Family planning advice and supplies can be obtained throughout Iran at more than 1,500 government clinics and from the clinics of the Family Planning Association of Iran. There is a national family planning programme which is integrated into the basic health services of the country.

Attitudes

The official attitude to family planning has been very positive for a long time. His Imperial Majesty, the Shahanshah is one of the original signatories to the World Leaders' Declaration on Population.

Religious leaders in Iran generally endorse family planning. Special seminars are organized for religious leaders.

Legislation

There is no restrictive legislation on contraceptives. The abortion law was liberalized in September 1973 and is now available on social and medical grounds.

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FAMILY PLANNING ASSOCIATION

Since the late 1950s various local groups have been giving contraceptive advice and supplies, especially in Tehran, but there was no overall coordination of this work at the national level. The IPPF supported some of the early efforts through grants of contraceptive supplies. In 1958 the Family Planning Association of Iran was founded. The Association was officially registered in 1964 and gained the patronage of Her Imperial Majesty, Queen Farah.

Since the national programme is basically responsible for the expansion of clinical activities, the Family Planning Association concentrates on the information and education aspects of family planning and also carries out research.

The Family Planning Association of Iran played a major role in lobbying for support of the resolution on family planning adopted by the United Nations Conference on Human Rights, which took place in Tehran in 1968, Iran being the host country to the Conference. At this conference, family planning was declared a universal human right.

The Family Planning Association of Iran became member of IPPF in 1971.

Address

Family Planning Association of Iran,
P.O.Box 2851,
Tehran,
IRAN.

Telephone: 680217/18 682086/87

Cables: FAMPLAN TEHRAN

Officials

Honorary President:	Her Imperial Majesty, Queen Farah
Chairman:	Miss Sattareh Farman-Farmaian
Secretary-General:	Mr. H Amir Ibrahimi
Treasurer:	Dr. A A Zahedi
Director of Information & Education:	Mrs. Marylou Khalili

Services

The FPA of Iran runs 15 full time and 6 part time clinics, one of them being in the Queen Farah Hospital, one of the largest maternity hospitals in the world. Most FPA clinics are held in Community Welfare Centres. Those clinics run by the Government and other agencies are open only in the morning. The FPAI, therefore, has arranged many afternoon clinics in Tehran and the provinces for working mothers. The FPA also operates mobile unit(s) in 11 rural areas. These operate one session per week and were started in September 1972.

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In 1972 the FPA saw 15,602 new acceptors and 61,981 continuing acceptors. Methods used by the patients were as follows:

Methods	New Acceptors	Continuing Acceptors	Total
Orals	11,799	56,978	68,777
IUD	807	434	1,241
Condom	2,673	4,569	7,242
Other	323	-	

During 1972 the Association also saw 5,428 women with gynaecological problems and had 9,677 visits from ante-natal mothers to whom counselling services are offered. 86 women were referred elsewhere for sterilisation.

Information/Education

The Association organizes an extensive information and education programme. In addition to weekly educational sessions held in the Community Welfare Centres for mothers and young girls attending vocational classes, the FPAI made special efforts during 1971 to influence male and youth attitudes towards family planning. To this end, experimental projects were initiated at the Fathers' Clubs in Tehran and for factory workers in Yazd, Isfahan and Ahwaz. Face-to-face education and family planning consultation was provided in every factory and workshop in these cities during 1972. These projects have proved extremely successful and are to be extended during 1974 to other cities.

Youth has high priority in the FPAI's target audience. During 1972 a youth programme was established in Tehran. This was carried out in 9 youth clubs run in Community Welfare Centres. The Association intends also to contact teachers in order to expand this aspect of their programme.

Post partum information and motivation has been carried out in Ahwaz, Yazd; Isfahan and Rasht.

During the second half of 1972 the FPAI initiated a pilot project in 11 villages outside Tehran. Information and supplies (condoms and pills) are distributed by a village girl, trained by the FPA. A visiting midwife inserts IUD's when required. The project has been so successful that the Association has been promised government support and they hope to expand their work to a total of 36 villages by the end of 1974.

A small film and slide library has been established in headquarters. These are rotated between branches and Tehran on a month basis. Each branch has been provided with a slide projector.

The Association publishes a quarterly newsletter in Persian. 14,000 copies were produced in 1972 and it was hoped to extend this to about 20,000 in 1973.

Posters and key purse holders were produced for the Family Planning Week held in May 1973 to celebrate the 21st anniversary of the IPPF. An extensive programme was held during the week which was designed to aquaint both the populace and local officials with the goals and programmes of the Association.

Training

The FPAI trains its own personnel and a doctor working for the Association conducts training courses for staff of other organizations in the Farah Maternity Hospital. In 1972 the Association trained 10 general fieldworkers. These fieldworkers are usually high school girl graduates whose main responsibility is to motivate people toward family planning and to inform them of the clinic facilities available and to carry out follow up work. A policy was adopted in 1972 of encouraging branches to train local high school graduates.

GOVERNMENT

The official attitude towards family planning has been favourable for some time but no action was taken until the end of 1966, when Royal Orders were issued to the Government regarding the establishment of a national family planning programme. The programme was officially launched in April 1967. During the first four years of the programme it was considered essentially as a social welfare and public health programme, complementing the existing services. In 1970 there was a marked shift in emphasis as the implications of the rate of population growth began to be known and as several doubts about the availability of pure water supplies in the future arose. Since then, the family planning programme has been considered the prime factor in a national population policy. The demographic goal of the programme is to reduce the population growth rate by ½% within 7 years. The long term target is a growth rate of not more than 1.0 to 1.5% per annum. The Shahanshah has taken a personal interest in the progress of the programme. The original allocation of 6.7 million dollars for the programme during the 1968-73 plan period has since been revised upwards on an annual basis.

The Fifth Five Year Development Plan which began in March 1973 contained a family planning allocation of nearly US$100 million. This will cover an increase in clinic and especially manpower resources. Education campaigns will also be greatly expanded.

Address

Population and Family Planning Division,
Ministry of Health,
Tehran,
IRAN.

Dr. A H Sardari, Under-Secretary of State for Health and Family Planning, is in charge of the national programme.

Services

The aim of the family planning programme over a twenty year period is to reduce the population growth from 3.2% to 1%. During the Fifth National Development Plan it is hoped to prevent 1.3 million unwanted pregnancies and the necessary clinical facilities for handling 5 million referrals during the 5 year period will be provided for.

Family planning centres have been established in the existing health centres, clinics, maternity homes and hospitals since the setting up of separate family planning clinics involves high costs and additional personnel.

By February 1973 there were 1,800 family planning clinics including about 400 mobile units. These centres are manned by doctors and midwives who have passed specialized training courses.

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Since its inception in 1967 the National programme has seen a steady increase in the number of acceptors. Oral contraceptives are the most popular method; acceptance rates rose from 291,400 in 1970 to 370,600 in 1971 (1972 figures not available). IUD's have also seen a steady rise in acceptance - 12,700 in 1970, 14,400 in 1971 and 19,000 in 1972.

It is estimated that approximately 90,000 pill cycles are sold monthly through commercial channels (an 18 fold increase since the beginning of the programme.)

The continuation rates for oral pills and for the IUD are estimated to be low- about 34.4 per cent for pills and 38.5 for the IUD at the end of twelve months.

Information/Education

During the first three years of the programme, the Family Planning Division of the Ministry of Health concentrated its efforts on developing clinical services and on training people at different levels for different types of work. The Division now is turning its attention to the use of mass media as a means of direct communications and as ancillaries to the work being done by the education and communications agents. Time is allocated to family planning programmes both on radio and television and a series of spots to be used during intermissions in cinemas. Several films have been produced and bulletins are published monthly in Persian and quarterly in English.

A unique service in Iran is the training and employment of large cadres of army conscripts in family planning: Health Corps, Literacy Corps, Women's Corps and Development Corps. These are high school and university graduates assigned to development tasks in rural areas during the major part of their military service and they are in constant contact with people. An increase in numbers is intended under the new Five Year Plan with a total of 4,000 Corps-women serving at any one time.

In addition to the personnel of the health services and the Revolutionary Corps, a staff of fieldworkers for education and motivation has been specially recruited. Since it was considered essential that these workers should be closely identified with the potential clients, it was decided to recruit only local women, married and with children of their own. These workers must have completed primary school, but on the other hand must not have had more than 9 years of schooling.

The importance of introducing family planning as early in life as possible is being realized, but advances in sex education are cautious for fear of meeting adverse reaction from conservative groups. So far, this type of opposition has not been encountered and steps have been taken to introduce sex education into the curriculum at high school level. Population dynamics is already incorporated in some high schools and material dealing with basic reproductive knowledge is being prepared for primary schools.

Changes in curricula and in textbooks have been followed up a programme designed to explain the significance of family planning and population education to teachers. In 1971 over 20,000 teachers attended one-day seminars and in 1972 a seminar on population education was held.

The Ministry of Health also consults with religious leaders and institutions on various aspects of the programme and family planning seminars have been arranged for religious leaders. As a result, there is a broad religious consensus of support for the programme and lectures on family planning are included in many theological institutions in the country. Specially qualified young men have been enrolled in the Religious Corps, a new branch under the Revolutionary Corps, with the object of making this religious support known.

The most important individual communications project so far undertaken is the Family Planning Division/Population Council project in Isfahan Province. This project was started in 1970 and lasted until mid 1971. The aim of the project was to determine the impact of an intensive mass education and communication programme, using mass media and agents such as doctors, teachers, Revolutionary Corps and family planning field workers on knowledge, attitudes and practice of family planning.

Evaluation found that a multi media campaign could raise acceptance figures and at a reasonable cost. The project was especially interesting in that regorous pre-testing and evaluation was carried out at all stages. Following this project other mass media and functionary projects have been implemented.

Training

Much emphasis is placed on training in the national family planning programme. Greater resources of manpower are needed under the new Plan if targets are to be reached. Two full time trained motivators will be recruited for each clinic. To train these personnel three new training centres will be opened in Shiraz, Tabriz, and Ahwaz. At present there are three centres in Tehran, Isfahan and Mashad. The Ministry of Health also operates a large training institute at Firouzgar.

By September 1973 about 16,000 medical personnel had participated in courses of one month duration. Specialized courses are held to train potential motivators including revolutionary corpsmen, members of rural co-operatives, farming leaders, religious leaders, the military and police. By September 1973 about 223,000 had attended these courses.

At the university level, the Ministry of Health has devised curricula for family planning training in medical schools and some of the universities have already incorporated these in their curricula. Teaching personnel from the medical schools have participated in special training courses at the Firouzgar Centre.

Research and Evaluation

The Evaluation Unit of the Family Planning Division is responsible for collection of statistics on clinic activities. The Unit makes special efforts to obtain accurate continuation rates. A population unit set up at Pahlavi University at Shiraz was expanded in October 1972 to form the Pahlavi Population Centre through the combined efforts of the University and the Ministry of Health. The Centre will concentrate on research and training and the Department of Community Medicine has embarked on a number of projects to integrate family planning and health care.

The Research Unit of the Family Planning Division is engaged in medical and social science research. On the medical side, studies have been done with Copper Ts and Depo Provera. The unit has also made a study on and a collection of the herbs and other traditional means used for abortion. Among the non-medical research carried out by the Unit are a survey of attitudes toward abortion in five provinces and several KAP studies among doctors, university students and on religious attitudes.

A Research Committee consisting of twelve people interested in research coordinates medical and non-medical research studies undertaken by various organizations and individuals.

An Institute for Research in Human Reproduction has been established with support from WHO.

Other Organizations Involved in Family Planning

Although the greater part of family planning services are provided by the Government, the importance attached to family planning in Iran has encouraged a considerable number of voluntary or semi-governmental agencies to become involved. In many cases the Government provides grant-in-aid.

Amongst the most important are: the Women's Organization which runs 13 clinics offering family planning services. The Institute for the Protection of Mothers and Children offers services for women in the Farah Maternity Hospital in Tehran. The hospital is a participant in the International Post Partum Programme sponsored by the Population Council. The Iran National Oil Company provides services to its staff in 8 of its clinics, and also undertakes motivational work. The Imperial Organization for Social Services attempts to provide family planning services for the rural population and runs 256 health units offering family planning and has about 76 assistant social workers engaged in educational activities. Universities provide family planning in their urban health units and are usually engaged in evaluation and research work.

A High Council for Co-ordination of Family Planning has been established in order to formulate general policy and implement the national programme. Chaired by the Under Secretary for State for Health and Family Planning the Council has on its board the agencies mentioned above as well as other agencies which undertake some family planning work such as the Armed Forces Health Service, the Rural Insurance Organization etc.

AID

IPPF assistance

IPPF has provided financial assistance to the Family Planning Association of Iran since 1969. Grant for 1973 was $70,000.

Other Organizations

United Nations Fund for Population Activities granted $1.6 million to the national programme. The agreement which was signed in November 1971 follows the visit of a UN mission to Iran to study the family planning programme. The grant will be used in areas of strategic importance which include pilot projects and experimentation to identify action programmes most suitable for Iran. Training activities, research, support for non-governmental organizations and communications, are among the projects to be implemented under the agreement. The UNDP office in Tehran has been assigned a coordinating role and administration of the projects has been given to a special committee comprising experts from the Plan Organization, The Ministry of Health Family Planning Division, Tehran University and one UN Consultant.

The Population Council has assisted in the original formulation of the programme and has provided assistance for a number of specific projects, including the Isfahan Project. The Population Council maintains a resident representative in Tehran.

In 1973 the World Bank gave a loan of $16 million towards a new project aimed at intensifying activities in rural areas. The total cost of the project is $33.4 million the rest to be provided by the Government. The project covers the construction, equipping and furnishing of 78 health centres, 9 regional family planning training centres and 7 training schools for midwives. The loan also covers the provision of 150 vehicles and for a number of studies to be carried out.

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The International Development Research Centre in co-operation with the Pahlavi University has established a pilot scheme for training village health workers in basic health services. The grant which was approved in February 1973 is for $147,600.

Pathfinder Fund and Ford Foundation have provided assistance for specific projects.

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Situation Report

Distribution *

BEST COPY AVAILABLE

Country JORDAN

Date FEBRUARY 1974

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1

01.839-2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			97,740 sq. kms.[1]
Total Population	1,320,000	1,690,000	2,383,000 (1971)[1]
Population Growth Rate			3.4%[1]
Birth Rate			49.1 per 1,000 (1965-70)[1]
Death Rate			16.0 per 1,000 (1965-70)[1]
Infant Mortality Rate			80[2]
Women in Fertile Age Group (15-44 yrs)			409,082 (1966)[3]
Population Under 15 yrs			45.9% (1970)[4]
Urban Population			47.1% (1961)[5]
GNP Per Capita			US$250 (1970)[6]
GNP Per Capita Growth Rate			2.9% (1960-70)[6]
Population Per Doctor			3,810 (1970)[7]
Population Per Hospital Bed			564 (1966)[7]

1 UN Demographic Yearbook 1971.
2 Average of various local estimates.
3 UN Statistical Yearbook 1970.
4 UNESOB estimate.
5 Census 1961.
6 World Bank Atlas 1972.
7 UN Statistical Yearbook 1972.

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GENERAL BACKGROUND

The Hashemite Kingdom of Jordan is a constitutional monarchy. The Capital is Amman with a population of about half a million. Other important towns are Irbid and Zerka on the East Bank, and Jerusalem, Nablus, Hebron and Bethlehem on the West. The highest population densities are on the West Bank and on the East Bank adjoining the River Jordan. Further east the country becomes increasingly arid, density of population dropping to near zero.

The economy of Jordan has twice been severely disrupted during the wars of 1948 and 1967. In both cases there was a mass influx of refugees, which still account for about one third of the total population. In 1967 Israel occupied the West Bank territories, whose economy had previously been closely linked with the East Bank.

Language

The official language is Arabic. Most of the educated people speak English as well.

Religion

Islam is the state religion, and more than 90% of the population are Muslims. The remainder belong to a variety of Christian sects.

Economy

The main sector from an employment point of view is still agriculture, rang from modern, intensive, irrigated farming to nomadic pastoralism.

Industry is expanding fast but from a small base, while mining, especially of phosphates is one of the most important earners of foreign exchange.

The economic growth of the Jordanian economy was very fast between 1960 and 1967, and the rate of growth has now resumed following the disruptions of the war.

Communications/Education

In 1972, 172 radio receivers and 26 television sets per 1000 population were recorded. Newspaper circulation was 15 per 1000 inhabitants.

The educational system of Jordan is well developed. Latest official figures show the following actual enrollment figures by age-group.

6-10 years	90%
12-14 years	64%
15-18 years	25%

There is a university in Amman, where a Medical School has recently been inaugurated.

Medical/Social Welfare

The public health services are still not sufficiently developed to meet the needs of the country, and long term plans for their expansion have been drawn up. The very important implications of the rapid population growth became very evident during this analysis.

The United Nations Relief and Works Agency (UNRWA) provides social, educational and health services for the registered refugees from the 1948 war, but Jordan has assumed full responsibility for refugees from the 1967 war.

FAMILY PLANNING SITUATION

Family planning services are available from clinics of the Jordan Family Planning and Protection Association which runs clinics on both the West and East Bank. The Near East Council of Churches operates two clinics on the East Bank, a voluntary group runs a clinic in Irbid.

Government Attitudes

There is no official policy on family planning though between 1964 and 1967 the Association received an annual grant from the Ministry of Social Affairs. King Hussein was one of the original signatories to the World Leaders' Declaration on Population. In December 1972 the Ministry of Planning organised a Conference on "Population Policy as related to Development Strategy". This seminar, attended by representatives of all Ministries as well as scholars and representatives of international bodies, was a searching analysis of the impact of population growth in Jordan.

The Ministries of Health and Social Affairs are represented on the Coordinating Committee responsible for harmonising family planning activities throughout Jordan's East Bank.

Legislation

There is no anticontraceptive legislation. Abortion is illegal, but in practice it is accepted on medical grounds.

FAMILY PLANNING ASSOCIATION

Jordan Family Planning and Protection Association,
P.O.B. 19999,
JERUSALEM.

Telephone: 83636

President: Miss Zehlika Shehabi

Secretary-General: Judge Hassan Abu Haizar

The Association was founded in March 1963 by Dr. Isam Nazer in co-operation with the Women's Federation of Jordan. It was officially registered in May 1964 and became a full member of the IPPF in 1965. The aims of the Association are to create a favourable public and official attitude towards family planning and to provide contraceptive advice and supplies. It also aims to combat the rising trend of induced abortion.

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Since the occupation of the West Bank in 1967 the Association has two components, the West Bank where the central office is located in Jerusalem, and the East Bank. One of the most important achievements of 1972 was the revival of activities on the East Bank where activities had gradually diminished after the 1967 war. Two new clinics were opened on the East Bank in 1972; these are situated in Amman and Irbid. Further, a co-ordinating committee has been established with responsibility for co-ordinating the family planning activities of all groups operating on the East Bank.

Services

The first clinics were opened in the child care and antenatal clinics of the Women's Federation of Jordan (affiliated to the Arab Women's Union). The JFP & PA now has 19 clinics in Jerusalem, Nablus, Beit Jala, Jericho, Beit Sahour, Gaza, Tulkarem, Hebron, Bireh and Halhul on the West Bank. On the East Bank clinics are operating in Amman and Zerka. These clinics are operated in co-operation with the Near East Council of Churches. There are also clinics in Irbid and Ramtha. Clinics are open once, twice or three times a week depending on the quantity of work needed in each locality.

In spite of some setbacks because of the 1967 war, the Association has continued and has been able to expand its clinic activities. The Hebron and Halhul clinics were opened after the war. The Association provides all the supplies for the Swedish Health Centre in Gaza.

In 1972 the Association reported 2,978 new clients; of these 2,658 accepted orals and 320 on IUD. 12,633 continuing acceptors attended the clinics during 1972 - 11,313 using orals and 1,320 IUD's. The total number of clinic visits now stands at about 120,000.

Information and Education

The Association carries out most of its Information and Education activities within the clinics. There has been some coverage of various aspects of family planning in the local press, radio and television.

The JFP & PA has published a pamphlet for general distribution and plans to produce a quarterly bulletin. The Association also published a study on characteristics of clients. A cardboard-mounted poster series has been made, illustrating MCH aspects of family planning. This has also been produced as a flip-chart in smaller size and 300 sets were distributed in 1972.

Meetings and seminars on family planning have been organised in many towns. A mobile audio-visual unit which was a part of IPPF assistance to the Association is used to expand in formation and education activities. In 1972 more than 10,000 people were reached by this unit.

During 1972 lectures were given to High School teachers and in teachers training centres in an attempt to reach young people and especially future mothers.

Exhibitions of informational and educational materials have been organized in schools.

The Association hopes to publish, in 1974, a technical instruction and guidance manual on the methods of contraceptive available in Jordan to serve as a guide for local doctors.

Training

On the job training is given to doctors in the clinics. In 1972, 3 doctors and 3 social workers attended IPPF Regional Training courses.

Research

The Association has carried out a number of small studies. In 1972, a questionnaire was circulated to medical personnel on the West Bank and Gaza area in order to determine attitudes of physicians towards induced abortion. A statistical study undertaken on 500 women fitted with the Lippes Loop over the last 7 years showed a high incidence of pregnancy amongst acceptors. Following this survey the FP & PA is to introduce the Dalkon shield as an alternative. In 1974 a study on dropout and continuation rates for all methods is contemplated.

AID

The IPPF has assisted the JFP & PA since it was founded. The 1972 grant was US$30,000. In 1973, the grant was $48,000. In addition grants have been given to the Near East Council of Churches to enable this organization to include family planning services in its health centres.

Situation Report

Distribution *

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Country NEW ZEALAND Date JANUARY 1974

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01 839-2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			268,676 sq.kms.[1]
Total Population	1,928,000	2,404,000	2,862,631 (1971)[2]
Population Growth Rate		2.0%	1.5% (1963-71)[1]
Birth Rate	25.9	26.4	22.1 (1970)[1]
Death Rate	9.5	8.8	8.8 (1970)[1]
Infant Mortality Rate	27.6	22.6	16.7 (1970)[1]
Women in Fertile Age (15-44)	405,563 (1953)	463,600	557,760 (1969)[1]
Population Under 15			32% (1973)[3]
Urban Population			79.0% (1970)
GNP Per Capita	US$571	US$1,012	US$2,700 (1970)[4]
GNP Per Capita Growth Rate			2.1% (1960-70)[4]
Population Per Doctor	788	700	630 (1968)[2]
Population Per Hospital Bed	136	158	110 (1969)[2]

1 UN Demographic Yearbook 1971.

2 Census Results - 1971.

3 World Population Data Sheet - Population Reference Bureau 1973.

4 World Bank Atlas 1972.

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* This report is not an official publication but has been prepared for

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GENERAL BACKGROUND

New Zealand is a self-governing member of the Commonwealth and consists of two large islands separated by a narrow strait. The capital is Wellington on North Island with a population of about 542,000. Overall population density is 11 people per square kilometer. About 72% of the total population and 94% of the Maori people live in North Island. Life expectancy of Europeans at birth is 68.67 years for males and 74.84 years for females. For Maoris it is 61.44 years and 64.78 years respectively.

Ethnic Groups

More than 90% of New Zealand's population are of British descent. Maoris account for 8% and others 2%.

Language

English is the official language, but Maori is still spoken.

Religion

Anglicans compose 34% of the population, Presbyterians 22%, Roman Catholics 16%, Methodists 7%, and other religions 11%.

Economy

Although the external economy is heavily dependent on the pastoral and agricultural industries (wool, meat and dairy produce are the main exports), factory production makes up almost two thirds of total production. Forests under controlled management provide a continuing supply of timber for the growing pulp and paper industry. Light industry continues to expand and hydro-electric power resources are being further developed, as is natural gas and the manufacture of steel and aluminium. Tourism is expanding and a useful help to the economy.

Communication/Education

The New Zealand Broadcasting Corporation operates 50 radio and 4 television stations. In 1970, there were 683,000 radio and 627,000 television licences. State education is free, and between the ages of 6 and 15 years compulsory. School enrolment rate is very high, about 92% for those aged 5-19 years. There are 6 universities and many other institutes of tertiary education.

Medical/Social Welfare

New Zealand has a comprehensive social welfare system which provides almost free medical care and other benefits. The Social Security Scheme provides for cash benefits to the aged, blind etc. A family maintenance allowance is payable at NZ$3 a week for married couple with 1 child and NZ$1.25 for each additional child. There are some 350 hospitals and over 4,000 doctors. There were also 895 dentists and 14,444 nursing personnel in 1968, providing medical care.

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FAMILY PLANNING SITUATION

There is a family planning association, and the Government Department of Health has now recognised family planning as a part of family health. Since 1972, there has been a welcome breakthrough in increased government support for the Association. In 1972, the Government for the first time made its premises available for clinic use in some areas and Health Department doctors are permitted to devote sessions to family planning.

In 1973, FPA received NZ$18,000 from the Government, for purchasing approved equipment for new clinics. Financial assistance is also provided for producing approved printed material; for subsidising clinics in lower socio-economic areas and supporting non-fee paying patients.

The Government made its first contribution to international population/family planning work in 1973/74 by donating NZ$100,000 to IPPF and an equivalent amount to United Nations Fund for Population Activities.

It is estimated that 40% of eligible women are using effective contraceptive methods, particularly orals. Prescriptions for orals are generally obtained from private doctors, particularly in the rural areas where there are no family planning clinics. Contraceptives have to be paid for, whereas other medicines are free under the social security system.

FAMILY PLANNING ASSOCIATION

Address

The New Zealand Family Planning Association, Inc.,
150 Manufau Road,
Epsom,
Auckland 3,
NEW ZEALAND.

Personnel

Patron:	The Governor-General Sir Dennis Blundell
President:	Dr. Alice Bush
Deputy-Presidents:	Mrs. D Nicholson (North Island)
	Mrs. Naida Lyttle (South Island)
Dominion Secretary:	Mrs. Mollie Keeley
Executive Secretary:	Mrs. Peggy Ziesler
Treasurer:	Mr. T Heather
Chairman, Medical Advisory Committee:	Dr. R Black
Editor "Choice":	Mrs. Angela Jelicich-Ranford

History

The New Zealand Family Planning Association was founded in 1935 and became an IPPF member in 1955. In 1973, the FPA had 14 voluntary committees and two sub-committees which ran a total of 25 clinics. The committees initiate, motivate and support services and do fund raising at local level. The patient load is increasing slowly. The FPA is financed by clinic charges and donations from private firms.

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Services

The FPA in 1972 provided services through 19 clinics, some of these were situated in health service buildings, some in private practitioners' offices and some were family planning clinics. These clinics recorded 3,634 new and 4,741 continuing acceptors. Of the new acceptors, 2,080 chose orals, 611 IUD, 438 Depo Provera and the rest other methods. Demand for sterilisation, both male and female, increased in 1972. Since the FPA has no facility for sterilisation all cases were referred to appropriate institutions. Number of clinics was increased to 25 in 1973. Opening of new clinics in lower socio-economic areas were approved by the Health Department, who subsidised the purchase of equipment.

Information and Education

The emphasis of the FPA's I&E programme was on public and group meetings. In 1972, 50 public meetings were held and the FPA participated in various seminars organised by women's associations, schools, teacher training colleges, university and the health department.

Speakers were provided for approximately 300 functions and for radio programmes. Telephone answer sessions were organized on the radio. The target audiences for the FPA's I&E campaign were the opinion leaders, youth and people in the fertile age group.

Extensive press coverage was achieved through articles, interview reports and advertisement. 194,320 copies of leaflets, posters and pamphlets were distributed. All of these were produced by the Association, some with a government grant.

Training

42 doctors from the Association health department and general practice were trained at the Postgraduate School of Obstetrics and Gynaecology by FPA personnel. Ad hoc training was provided for speakers and nurses. Training for doctors and nurses was also provided at the Association clinics.

Research and Evaluation

Trials were undertaken on Copper 7 IUD, Noriday, Depo Provera and Chlormadnone. The results of the Chlormadnone trials were presented at the IPPF South East Asia and Oceania Region Medical and Scientific Congress in Sydney, in 1972.

Assistance

IPPF - provides grant to the FPA for fund raising purposes.

References

New Zealand FPA Annual Report for 1972.

New Zealand Facts and Figures 1973.

Europa Yearbook 1972.

Australasia and Far East 1972.

"Choice" - FPA magazine.

UNESCO Statistical Yearbook 1971.

Situation Report

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Distribution *

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Country RWANDA

Date FEBRUARY 1974

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1

01. 839-2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			26,338 sq.km.
Total Population	2,170,000	2,665,000	3,827,000 (1971)[1]
Population Growth Rate			3.5% (1970)[2]
Birth Rate			55 per 1,000 (1970)[2]
Death Rate			20 per 1,000 (1970)[2]
Infant Mortality Rate			250 per 1,000 (1970)[2]
Women in Fertile Age Group (15-44 yrs)			not available
Population Under 15 yrs			not available
Urban Population			0% (1967)+
GNP Per Capita			US$60 (1970)[3]
GNP Per Capita Growth Rate			1.5% (1960-70)[3]
Population Per Doctor			62,787 (1971)[1]
Population Per Hospital Bed			796 (1971)[1]

1 UN Statistical Yearbook 1972

2 Local estimate

3 World Bank Atlas

+ The UN estimate of the total number of people living in urban areas in 1970 was 12,000.

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* This report is not an official publication but has been prepared for informational and consultative purposes.

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IPPF SITUATION REPORT RWANDA FEBRUARY 1974

GENERAL BACKGROUND

The Republic of Rwanda, until 1962 part of the Belgian colony of Rwanda-Urundi, lies at the heart of Africa - halfway between Cairo in the North and the Cape in the South. The Indian Ocean is 680 miles to the East and the Atlantic 1,250 miles to the West.

Apart from its equally small neighbour Burundi, Rwanda is surrounded by the much larger states of Tanzania, Uganda and Zaire. Like its neighbour Rwanda has suffered from warfare amongst its three indigenous peoples: the Hutu, the Tutsi and the Tiva.

The soil is fertile and, because of the high altitude, the climate is healthy: malaria, sleeping sickness and hookworm are scarcely known. But, with the highest population density in Africa (145 per square kilometre), Rwanda has other problems. Much of the land is badly eroded and famines have occured in recent years. Already there is only ½ an acre of arable land per person available, and nutritionists estimate that at least 1 acre is necessary. In general, each farmer lives on his own plot of land: there are few villages and limited communal life.

Ethnic Groups

Hutu 84%, Tutsi 15%, Tiva approximately 1%, but their numbers are dwindling.

Language

Kinyarwanda and French are both in official use.

Religion

50% traditional beliefs, 45% Roman Catholic, minorities of Protestants and Muslims.

Economy

Agriculture dominates the economy - 95% of the total value of agricultural production is in the form of subsistence crops. Exports include coffee, cassiterite (tin ore), tea and pyrethrum. Most trade is with Belgium. The country is largely dependent on foreign aid, most of which comes from Belgium and the EEC.

Communications/Education

There are no daily newspapers or television services. There are 9.1 radio sets per 1,000 people.

There are no railroads but a road link is being built to the Tanzania railway.

Primary school education is free and compulsory but there are only places for about 52% of eligible children. The proportion of females attending both primary and secondary schools was approximately 38% in 1970/71. There are a number of groups established to educate women and improve their status. The Roman Catholic Church provides a large proportion of the

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Medical/Social Welfare

Roman Catholic Missions and the government provide health services. There are two nursing schools and one medical school. There are state schemes for family allowances, accidents and pensions. The government assists the Native Welfare Fund which provides community centres and medical services. By long-standing tradition the women do nearly all the work, even in the fields. They also bear children year after year: most families have six or eight children and there is often not enough food to go round. Even so the available foodstuffs are not used to the full extent. For example, the Hutu are reluctant to eat any meat except beef, which is rare in any case. They go fishing, but sell their catch and very rarely eat the poultry they breed. The main diseases are tuberculosis, bronchitis and pneumonia; and malnutrition is widespread. Of the 30 doctors in the country in 1969, 20 were expatriates.

Oxfam Canada finances a Nutrition Centre at Ruhengeri.

Life expectancy is 41 years for both sexes.

FAMILY PLANNING SITUATION

Family planning services have been offered on a very limited basis over the past few years. However, in the later half of 1970 the Government officially announced that there was to be no family planning work done in the country.

Government Attitude

The Government is largely dependent on the Roman Catholic Church for the provision of health, education and other social services. While some officials favour family planning, the Government cannot afford to antagonize the Church.

History

Until the recent government action banning family planning, services were offered at the following:

Ruhengeri: The Nutrition Center, built with funds from Oxfam in 1965 The Center now has 10 subcenters, run by personnel trained at the main Center. About 30 people are being trained a year, and their course has included child spacing. The Center's head nurse and 6 welfare workers visited integrated nutrition/family planning centers in Uganda during 1970. IPPF provided a projector and other education material to this Center both for use in the training courses and for the patients who come for medical treatment. The Center had about 100 patients following a contraceptive method. Contraceptives were only provided for medical reasons and with the written consent of the husband and of a local government or religious authority. An effort has been made to teach the rhythm method to those who do not have medical indications for other family planning methods.

The final grant from Oxfam U.K. was made in 1971. Oxfam Canada have since provided financial assistance.

Butare: Pathfinder Fund has provided contraceptive services through the University Hospital and contraceptive supplies to local and missionary

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Kigali: Several doctors at the Maternity Hospital have offered contraceptive services.

Training

In 1970, IPPF sponsored the training of two nurses at the Family Welfare Centre in Nairobi. IPPF also helped finance a government organized international symposium held in July 1970 on the "African Family". It included a session on child spacing.

Pathfinder Fund has been sponsoring lectures on family planning and population at the National Institute of Health and the University Hospital in Butare. In 1973 it also held meetings of women from rural areas to discuss family size, fertility, contraception etc.

Support will be available for up to 8 Rwandese trainees to participate in family planning training programmes in 1974.

Situation Report

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Country SIERRA LEONE Date JANUARY 1974

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01-839-2911/6

STATISTICS	1960	LATEST AVAILABLE FIGURES
Area		71,740 sq. kms.
Total Population	2,180,355(1963 last census)	2,666,000 (1973)[1]
Population Growth Rate		1.5% (1965-1972)[2]
Birth Rate		40.8 per 1,000 (1964-1971)[3]
Death Rate		18.4 per 1,000 (1964-1971)[3]
Infant Mortality Rate		129 per 1,000 (1971 Western Area)[3]
Women in Fertile Age (15-44)		Not Available
Population Under 15		Not Available
Urban Population		25%[4]
GNP Per Capita		US$100 (1970)[5]
GNP Per Capita Growth Rate		1%[6]
Population Per Doctor		17,600 (1970)[6]
Population Per Hospital Bed		1,308 (1970)[6]

1 Projected Mid Year Population, Statistical Bulletin Vol. 19 December 1971, Central Office, Freetown.
2 C.S.O. (Demographic Section), Freetown. But Demographic Research & Training Unit, F.B.C. estimates it to be 2.5% to 3.2% like other countries in the region.
3 Figures available are for Freetown and Western Area only. No figures covering country as a whole. (Source: Ministry of Health, Registrar of Births & Deaths).
4 Demographic Studies in Sierra Leone by Dr. Birendar Singh, Head of U.N. Demographic Research and Training Unit, Fourah Bay College.
5 World Bank Atlas 1972.
6 Annual Statistical Digest 1971 (C.S.O., Freetown).

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* This report is not an official publication but has been prepared for

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GENERAL BACKGROUND

Situated on the west coast of Africa, Sierra Leone became an independent member of the Commonwealth in April 1961. For administrative purposes the country is divided into the Western Area and three Provinces - Northern, Southern and Eastern.

Major towns are the capital, Freetown, with a population of 195,023, Bo, with 210,000 and Kono with 170,000. Urban population has grown at about 10% per year between 1965-1972.

Ethnic Groups

Apart from about 300,000 Creoles, descendents of the slaves who were liberated at Freetown, there are 13 ethnic groups, the two largest the Mende and the Temne.

Language

The official language is English. Krio (Pidgin English) Mende and Temne are widely spoken.

Religion

The majority follow traditional beliefs. There is a sizeable Islamic following in the north, and a Christian minority in the south.

Economy

The majority of the population is engaged in agriculture. Chief crops are rice, coffee, palm kernels and cocoa.

Mining activities now dominate external trade. Diamonds and iron ore are the chief minerals being exploited. Industry is not well developed and is concentrated on the processing of primary products.

Main exports in 1970, in order of importance were diamonds, coffee and iron ore.

Communications/Education

There are several thousand miles of road, mostly untarred, but improvement of the road system is an important part of the current development programme. An existing 300-mile railway system is shortly to be phased out. There is an international airport at Lungi. Freetown harbour is one of the best in Africa.

Radio:	80 sets per 1,000 people (1971)
Television:	1.4 sets per 1,000 people (1971)
Cinema:	4 seats per 1,000 people (1970)
Newspaper:	5.6 copies per 1,000 people (1970)

Education is neither free nor compulsory; most schools are assisted by the Government and fees are minimal.

School enrolment 1967-68: primary 136,824; secondary 22,119

Several hundred students also attend the 2 constituent colleges of the University of Sierra Leone, Fourah Bay College and Njala University College.

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Medical

The Government is responsible for the bulk of the country's hospital and health services, although there is no state security system. Some missions and mining companies provide medical services. A national school of nursing opened in 1969.

FAMILY PLANNING SITUATION

Family planning services are provided by the Planned Parenthood Association of Sierra Leone (PPASL).

History

PPASL was founded in 1959, when its activities were largely confined to running one weekly clinic at Freetown's principal maternity hospital. In March 1965 the Association opened an office clinic in Freetown.

Government Attitude

For a short while in 1969 the Ministry of Health allowed the Association to use government health facilities up-country after hours for running family planning sessional clinics. Permission was withdrawn at the end of the year, and the Government remains undecided about the need for family planning. The PPASL has never been granted official recognition. However, the President, Dr. Siaka Stevens, attended the Association's Planned Parenthood Week in May 1971 as Grand Chief Patron. PPASL continues to be allowed free use of radio and television.

Legislation

There is no anti-contraceptive legislation.

FAMILY PLANNING ASSOCIATION

Address

Planned Parenthood Association of Sierra Leone,
19, Pultney Street,
P.O.Box 1094,
Freetown,
SIERRA LEONE.

Tel: 4488

Officials

President:	Dr. Edward O Pratt
Executive Secretary:	Emile S Pratt
Fieldwork Supervisor:	Mrs. V Conger-Thompson
Clinic Supervisor:	Mrs. Eileen Beresford-Cole

Services

A clinic in Freetown operates 2 sessions per week but the once fortnightly visits from Freetown by the Clinic Supervisor (Nursing Sister) and her field-workers to 9 outlying villages have been discontinued owing to a shortage of drugs and lack of adequate transport facilities.

Single weekly sessions continue in each of the three provinces Bo, Kenema and Makeni and also at Lunsar, Gbendembu and Kamakwie.

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A total of 7,176 people attended the 7 clinics during 1972, of which 1,142 were new acceptors. Many new acceptors continued to use the IUD, on the recommendation of the Association. The majority of new literate patients, however, preferred the pill or spermicides. Figures for new acceptors in 1972 were 492 IUDs, 512 orals, 73 spermicide tablets or foam 18 condoms and 4 diaphragms.

The main Freetown clinic is run by a staff of 15 consisting of 3 sessional doctors, 10 welfare workers, a clinic supervisor and fieldwork supervisor.

Education/Information

Information and education activities were continued during 1972, and included Planned Parenthood Week, an exhibition at the Sierra Leone Daily Mail Fair, a stand at an agricultural show at Kabala, a show at Kenema, and participation in Universal Children's Day. During Planned Parenthood Week considerable use was made of radio, using English, Krio and Mende, and television.

During 1972 many thousands of leaflets and pamphlets were distributed, the majority produced by PPASL itself. Posters, calendars and Christmas cards were also produced and distributed and several articles have been published in the national press. 131 radio programmes and 10 spots were broadcast, and a few programmes organized by PPASL were televised. A family planning calypso in Krio continues to be popular.

In May 1972 an Information and Education Officer was appointed but he resigned in October, 1973.

Fieldwork

At the beginning of 1972, 10 Welfare Workers were employed by PPASL, working under the supervision of the Fieldwork Supervisor. Four were employed in the Western Area, and the others in the three Provinces. Fieldwork includes house-to-house visiting and visits to local markets and maternity hospitals.

A regular reporting back system is implemented.

20 new Welfare Workers were recruited in 1973.

Training

Seven Welfare Workers were trained in 1971, and it is hoped to continue this type of training in 1974. In-service training is also being carried out.

A Refresher Course for Fieldworkers of the Association was held between the 18th and 29th September, 1972 in which most of the welfare workers participated.

Fund Raising

PPASL has, until this year, been unable to make a start on fund-raising activities.

Plans for 1973 included an exhibition of local arts and crafts and a football match, these and raffles, are to be held in 1974.

Other Organisations

UNFPA provides US$4,000 for GAI Seminar fellowships.

Sources

PPASL Annual Report 1972.

PPASL 1974 Budget

PPASL Work Programme 1973-1974

Europa Yearbook 1972.

Africa 71.

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Much of the information for this report was kindly provided by PPASL.